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Bib Data Sheet

CONFIRMATION NO. 9112

<b>SERIAL NUMBER</b> 09/828,625	<b>FILING DATE</b> 04/09/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 8932-295
<b>APPLICANTS</b> David C. Paul, Phoenixville, PA; Hansjuerg Emch, Philadelphia, PA; Beat Schenk, Nuglar, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/363,844 07/30/1999 PAT 6,258,125 WHICH CLAIMS BENEFIT OF 60/095,209 08/03/1998 AND A CIP OF 09/219,439 12/23/1998 PAT 6,143,033 WHICH CLAIMS BENEFIT OF 60/073,271 01/30/1998 AND CLAIMS BENEFIT OF 60/095,425 08/05/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/03/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20
<b>ADDRESS</b> 20582		<b>INDEPENDENT CLAIMS</b> 3		
<b>TITLE</b> Intervertebral allograft spacer				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	